

Billing and Policy Clinics and Hospitals Bulletin 348

October 2003

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.



HIPAA: Billing Example Updates

The September *Medi-Cal Update* included updates to your provider manual as a result of the first phase of Health Insurance Portability and Accountability Act (HIPAA) implementation. Updates to the manual are continuing this month with billing examples that conform to HIPAA standards. Billing example updates will continue over the next several months. Please refer to the new billing examples when submitting claims for dates of service on or after September 22, 2003.

Important: When you update your manual, please retain the pages you remove. Place them after the *Appendix* tab at the back of your manual. These pages will help you bill for services that you rendered prior to September 22, 2003.

These updates are reflected on provider manual replacement pages anest ub 2 thru 8, 10, 11 and 13 (Part 2), blood ub 2, 4, 5 and 7 (Part 2), inject bil ub 2 and 4 (Part 2), share op 3 thru 6 (Part 2) and supp drug bil 2 and 4 (Part 2)

Specialty Mental Health Services: San Mateo County

Effective for dates of service on or after October 1, 2003, recipients in San Mateo County are eligible for specialty mental health services under the Specialty Mental Health Services Consolidation Program. San Mateo County Mental Health Plan authorization and contact information are available from:

San Mateo County Mental Health Plan
225 37th Avenue
San Mateo, CA 94403
(650) 573-2302
1-800-686-0101

This information is reflected on manual replacement page spec cnty 8 (Part 2).

RHC, FQHC, IHS and L.A. Waiver Clinics: Dental Services Update

Effective immediately, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Indian Health Services (IHS) clinics and Los Angeles (L.A.) Waiver clinics must enter the word "pregnancy" in the *Remarks* area of the claim when billing all-inclusive per-visit code "03" for dental services rendered to a pregnant recipient eligible under aid code 44, 48, 58 or 5F. The claim must also indicate pregnancy as the primary diagnosis. *This information is reflected on manual replacement pages ihs moa cd 1 (Part 2) and rural cd 1 (Part 2).*



Family PACT Policies, Procedures and Billing Instructions Correction

The Family PACT (Planning, Access, Care and Treatment) Program identified an error in the August 2003 updated replacement pages for the Family PACT *Policies, Procedures and Billing Instructions* (PPBI) manual. The *Family PACT: Billing Code List – Primary Core Codes, Family Planning Method* section [familyfact19 23] incorrectly lists CPT-4 code 99204 for male office visits regarding Barrier/Fertility Methods (FAM), Lactation Awareness Method (LAM). For males, code 99204 can only be used with complication services. The correction is highlighted below.

Office Visit Codes

CPT-4 codes for males: 99201 – 99203, 99211 – 99213

Replacement pages for the PPBI will be issued in a future mailing to Family PACT providers. For more information about the Family PACT Program and to request copies of the August 2003 PPBI replacement pages, please call the Health Access Programs (HAP) Hotline at 1-800-257-6900 from 8 a.m. to 5 p.m., Monday through Friday, except holidays, or visit the Family PACT Web site at www.familyfact.org.



Provider Orientation and Update Sessions

The Family PACT (Planning, Access, Care and Treatment) Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.

To be eligible to enroll as a medical provider in the Family PACT Program, the Medi-Cal provider seeking enrollment is required to attend a Provider Orientation and Update Session. When a group provider wishes to enroll, a physician-owner must attend the session. When a clinic wishes to enroll, the medical director or clinician responsible for oversight of the medical services rendered in connection with the Medi-Cal provider number is required to attend.

Office staff members, such as clinic managers and receptionists, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain up to date with program policies and services.

Note: Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

Dates and Locations

The following dates and locations are scheduled for the remainder of 2003:

October 28, 2003

Emeryville
Holiday Inn Bay Bridge
1800 Powell Street
Emeryville, CA 94608
For directions, call
(510) 658-9300

November 5, 2003

Ventura
Ventura Beach Marriott
2055 Harbor Boulevard
Ventura, CA 93001
For directions, call
(805) 643-6000

Please see **Provider Orientation**, page 3

Provider Orientation (*continued*)**Dates and Locations****November 19, 2003****Redding**

Red Lion Hotel
1830 Hilltop Drive
Redding, CA 96002
For directions, call
(530) 221-8700

December 4, 2003**Riverside**

Riverside Marriott
3400 Market Street
Riverside, CA 92501
For directions, call
(909) 784-8000

Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m. The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing session.

Provider Orientation and Update Session Registration

Providers should call the Center for Health Training at (510) 835-3795, ext. 113, to register for the session they plan to attend. Providers must supply the name of the Medi-Cal provider or facility, the Medi-Cal provider number, a contact telephone number, the anticipated number of people who will be attending and the location of the orientation session. At the session, providers must present their Medi-Cal provider number, medical license number and photo identification. Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not the individual provider number or license number.

Completing the Provider Orientation and Update Session

Upon completion of the orientation session, each prospective new Family PACT medical provider will be mailed a *Certificate of Attendance*. Providers should include the white copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services.

Providers arriving late or leaving early will not be mailed a *Certificate of Attendance*. Currently enrolled Family PACT providers will not receive a certificate.

Family PACT Contact Information

For more information regarding the Family PACT Program, please call the Health Access Programs (HAP) Hotline at 1-800-257-6900 from 8 a.m. to 5 p.m., Monday through Friday, except holidays, or visit the Family PACT Web site at www.familypact.org.

Instructions for Manual Replacement Pages

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Part 2

Remove and replace: anest ub 1 thru 13
blood ub 1 thru 7

Remove: hyst 1 thru 4
Insert: hyst 1 thru 9 * (*new*)

Remove and replace: ihs moa cd 1/2
inject 9/10 *
inject bil ub 1 thru 4
inject list 9/10 *
inject vacc 1 *
prescript vc 1/2 *
rural cd 1/2
share op 3 thru 6
spec cnty 7/8

Remove: ster 21 thru 23
Insert: ster 21 thru 32 * (*new*)

Remove and replace: supp drug bil 1 thru 4
tar comp 9/10 *

Remove and
replace at end of
UB-92 Completion:
Outpatient Services
section: *Code Correlation Guide 1 thru 3 **

Remove and replace: vaccine 3/4 *

* Pages updated due to ongoing manual updates